

Reablement - integrating NHS, telecare, care and housing

The challenge

The current operating environment across the social care and wider health economy is under increasing strain due to levels of presentations at A&E departments rising, as well as delayed discharge from hospitals placing growing pressure on bed availability and limiting patients' recovery as they remain in hospital settings beyond the optimum time. Budgetary restraints within the health sector and Local Government has exacerbated the pressures further.

Reablement services support people to regain abilities and confidence that may have been reduced or lost through illness or disability, reducing ongoing care needs through sustaining independent living. How can including telecare in reablement services help to find the right balance between managing risks and enabling independence, improving patients' recovery and delivering clinically safe services at a reduced cost?

What we did

Roseberry Mansions Reablement Service is a ten unit service which provides intensive short term support and therapies to enable people who have been hospitalised to return home or to other appropriate long term accommodation.

The service is based within a purpose built extra care scheme in the heart of the Kings Cross regeneration area in London. An onsite multi-disciplinary team (MDT) works collaboratively to provide a comprehensive reablement service to people for up to six weeks. The main aims of the service are to:

- improve the quality of people's lives by enabling and re-skilling them to be able to return home or to other appropriate accommodation in a sustainable way
- facilitate earlier hospital discharge and avoid unnecessary or repetitive hospital admissions

- prevent or delay the need for long term residential or nursing care placements
- deliver significant NHS and adult social care savings.

Highlights

- 41 customers in 10 month period provided a real saving of £288,695 to NHS
- Forecast NHS saving £1.7m over five years
- Adult Social Care saving of £214,500 per person over five years
- Facilitates earlier discharge and avoids repetitive hospital admissions
- Integrates social care, housing and health
- Real alternative to acute hospital stay
- Reduces care home placement
- Delivers better health outcomes

“ The reablement service at Roseberry Mansions embodies the aims of One Housing: we're delivering better, more integrated and person-centred services, which also support the delivery of sustainable health and social care. Telecare plays a significant role in helping us to get people out of hospital and back to the right home environment for them.

Kevin Beirne, Group Director of Housing Care & Support, One Housing

About the Service

The Roseberry Mansions Reablement Service is run by One Housing, a not-for-profit organisation providing high quality homes and care to over 11,500 people in London and the surrounding counties.

The Reablement Service has been designed with the ethos of One Housing at its heart: choice, dignity and outcomes for older people. Roseberry Mansions is an attractive, aspirational and purpose-built environment, with self-contained rooms which are equipped with relevant aids, adaptations, and telecare systems. This safeguards people and helps to give them the confidence to re-establish their skills, as well as enabling them to become familiar with equipment that they may continue to use once they return home. Customers can also re-learn life skills, such as cooking and shopping, that they may have lost during a prolonged period in hospital.

Eligibility

Referrals are received to the service by hospital discharge teams to a social worker, and should meet the following criteria:

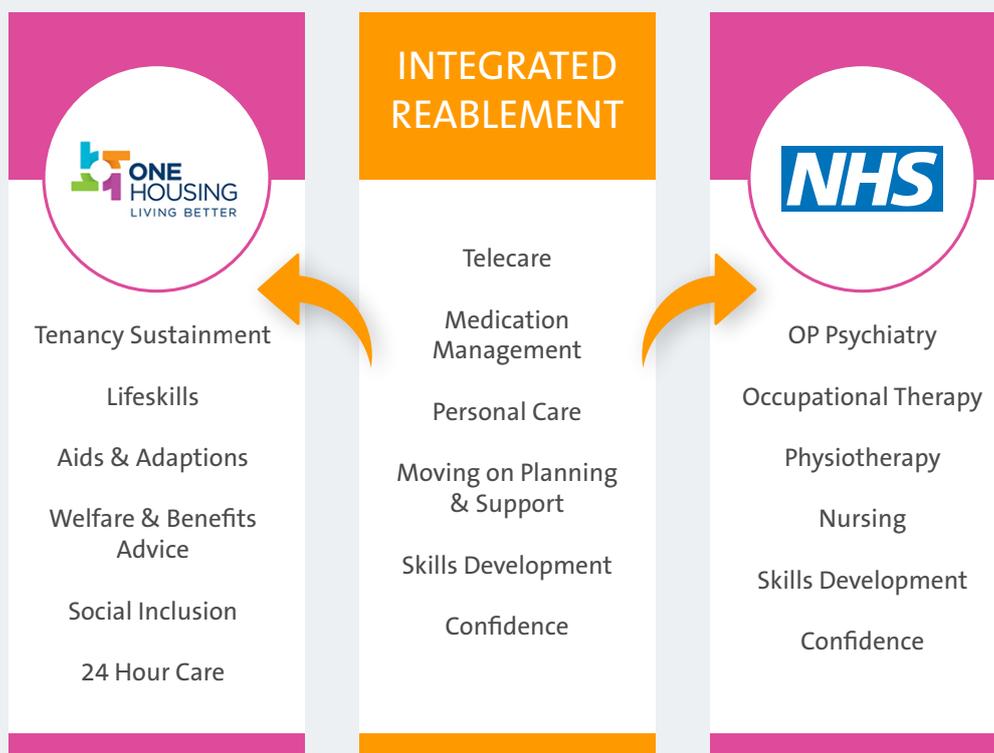
- Be over 55 years old
- Have less than 20 hours care needs a week
- Need insulin no more than twice a day
- Currently have their own tenancy or home
- Be assessed as benefitting from the reablement service.

More than half (57%) of the referrals received by Roseberry Mansions Reablement Service have met these criteria and been accepted to the service. Personal care plans are then developed, and each patient is allocated a key worker who will welcome them to the service upon their arrival and provide consistent support throughout their stay.

The dedicated onsite multi-disciplinary healthcare team (MDT) is commissioned by Camden Adult Social Care and delivered by Central and North West London NHS Foundation Trust. Working together with One Housing's care and support workers, the MDT consists of:

- social services
- occupational therapist
- physiotherapists
- speech therapists
- district nurse input

The benefits of this collaborative multi-agency working are manifold. Patients receive a responsive, focused service which delivers the most effective and enabling support interventions, improving their skills and building confidence. NHS, adult social care and social service staff are allocated to Roseberry Mansions meaning the team is stable and the support experience is more consistent for customers. Relationships between staff and customers become richer and more effective as a result, to the real benefit of the customer's reablement journey.



Case Study

The challenge

Irene is an 84 year old widow living alone in a private rented house. As her mobility has deteriorated she has increasingly moved to occupy the ground floor of the house only; using the kitchen to strip wash and access a ground floor toilet. Irene had no formal diagnosis initially for dementia, but her increasingly challenging behaviour and declining physical health led to further reductions in her mobility and mental capacity to manage her affairs. Following a brief spell in hospital after a fall, the clinical staff initiated her Power of Attorney to take over decision making for her welfare and finances, and a formal diagnosis of dementia was made.

The solution

It was arranged for domiciliary care to be provided at home on Irene's discharge from hospital, with three visits a day put in place. Irene was now dealing with double incontinence and was not able to mobilise unaided to access the toilet. Her increasing level of dementia also led to some smearing between care visits, and weekly ambulance calls relating to her catheter care. Irene was also becoming increasingly worried about her mental and physical health and was in a permanent state of anxiety exacerbated by lack of sleep.

As a result, a trial period in Extra Care was arranged to evaluate whether Irene could still live in a domestic environment rather than move to registered care. Irene moved into a nearby scheme and received care to the cost of £400 per week; this included direct personal care and background care to cover emergencies.

The outcome

Scheme staff were able to ensure Irene's continence issues were managed on demand and staff were able to hoist her safely in the bathroom during the night removing the need for emergency calls or Irene being wet or soiled for any time. By



simply managing her continence appropriately her confidence increased, and levels of anxiety reduced significantly. This has been made possible by using telecare to give Irene the means to call for help easily should she need it, and alert staff should she have any problems during the night.

By being a resident at the scheme she was also able to access daily activities, socialise increasingly and reduce her loneliness and social isolation. Irene is a self-funder and including her rent and care pays £650 per week. This compares to £1400 per week for an alternative care home placement.

Since living in Extra Care, Irene has had no hospital admissions and no ambulance calls. Appropriate catheter care, and nutrition have led to her physical health improving, and there have been no Urinary Tract Infections or falls during the night. Her medication is now appropriate, and coupled with increased socialisation and activity her mental health has also stabilised. Irene now sleeps throughout the night and is a calm, bright and content older person.

Results

One Housing and Camden Adult Social Care collaborated to gather quantitative and qualitative data throughout the first ten months of the service provision up to August 2014. 41 patients were assessed, including 33 who had left the service and 8 active users. Average length of stay was 41 days, just under the six week allocation.

As a result of the service:

- **72%** of people returned home, or to other appropriate accommodation such as sheltered or extra care services
- **28%** of those who returned home did so with a reduced care package

The service contributes to relieving the NHS's bed-blocking problem by enabling patients to be discharged to an appropriate and constructive programme earlier than would have been otherwise possible. As well as the clear advantages for the NHS, the reablement service gives real quality back to customers' lives by relieving negative anxieties and rebuilding skills and abilities for independent living.

The service also gives adult social care and other relevant agencies more time to carry out further assessments, for instance for aids and adaptations, that would otherwise be impossible before the customer returned home. This means the most informed and appropriate long term solution for the health and wellbeing of the customer can be determined and unnecessary hospital readmissions can be avoided.



Savings

The savings that Roseberry Mansions Reablement Service can deliver for both the social care budget and the NHS is difficult to effectively quantify due to a lack of a like-for-like comparator. However, the cohort involved in the evaluation of the service over a ten month period provided the NHS a saving of **£288,695** alone, which extrapolates to a forecast saving of **£1.7 million** over five years. This does not take in to consideration efficiencies of the onsite team, the aversion of repeated hospital admissions, NHS discharge fees or other potential savings or efficiencies. Therefore, it is reasonable to assume that the savings to the NHS would be considerably higher.

The cost benefits to adult social care of customers returning to their homes in a sustainable manner instead of a move to long term nursing care equates to **£214,500** per person over five years. Importantly, the service provides a valuable and effective alternative to residential and care placements which are in such short supply, and supports people in the place they want to be.



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